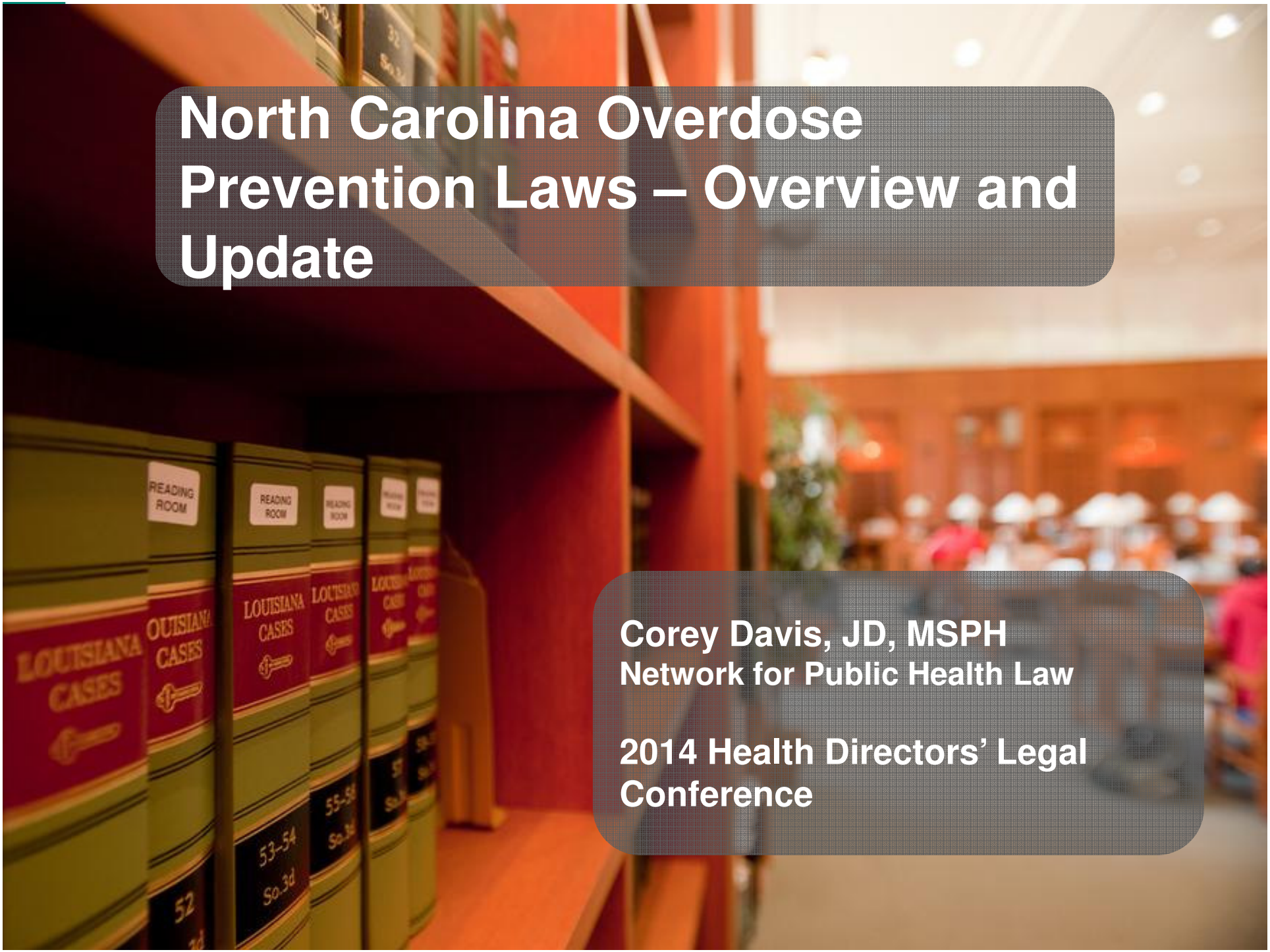

North Carolina Overdose Prevention Laws – Overview and Update

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Overview

- Fatal opioid overdose is at epidemic levels
- Opioid overdose death is largely preventable
  - Long period in which reversal is possible
  - Reversal easily accomplished w/ naloxone
- Law, regulation, policy and administrative inertia are barriers to naloxone access
- Health departments can be key players in increasing naloxone access

Naloxone

- Naloxone reverses opioid-related sedation and respiratory depression
  - Pure opioid antagonist
  - Not psychoactive
  - Not scheduled
  - No abuse potential
  - Extremely good risk profile
  - No effect if opioids not present
  - May cause withdrawal symptoms

Rationale for increased naloxone access

- Most opioid users do not use alone
- Bystanders are trainable to recognize and respond to overdoses
- Fear of calling 911; lack of first responder naloxone
- Inexpensive, easy to administer
- Extensive evidence of feasibility & effectiveness

Law as barrier to naloxone access

- Big barrier: Prescription status
  - Patients can generally only receive from professional w/ prescription privileges
    - Prescribers are in short supply
    - Many at high risk of overdose do not visit prescribers
    - Physician visits can be prohibitively expensive, particularly for uninsured/underinsured

Law as barrier to naloxone access

- Prescriber concerns re: civil and professional liability
  - Evidence suggests risk is extremely low, but perceived risk is real barrier
- Samaritan concerns re: civil liability
  - In general, existing Good Samaritan laws provide protection, but perceived risk may affect action

Law as barrier to naloxone access

- Criminal Law Barriers
  - Prescribers may fear "aiding and abetting" or similar charges
  - Bystanders w/ naloxone may fear criminal sanctions for its use
    - Risk extremely low, but may affect action
  - Bystanders w/o naloxone may fear calling 911
    - Fear arrest for drug possession, outstanding warrants or other reasons
      - Lots of evidence that this fear is both real and justified

Law as barrier to naloxone access

- Scope of Practice barriers
  - In North Carolina
    - Administration of naloxone is not within Emergency Medical Responder scope of practice
    - Administration of naloxone by law enforcement officers is not explicitly addressed in law or regulation
    - Naloxone was not on public health nurse dispensing formulary

Removal of law as barrier

- All of these legal/regulatory barriers are unintended consequences of attempts to address other problems
- Unfortunately, they have the side effect of preventing access to naloxone, possibly costing lives
- Luckily, they can be easily modified to remove that side effect while maintaining original intent of laws/regulations

SB20: Naloxone Access

- Prescribers may prescribe naloxone to a person at risk of overdose or any other person "in a position to assist a person at risk of experiencing an opiate-related overdose."
- Prescribers may prescribe naloxone via standing order
- Bystanders may administer naloxone
- All parties acting as authorized by law are immune from civil or criminal immunity so long as they act in good faith and exercise reasonable care

SB20: Good Samaritan

- Provides limited criminal immunity to any person who seeks medical assistance in good faith for person experiencing drug overdose
  - Possession of small amounts of drugs
  - Possession of drug paraphernalia
- Same immunity applies to victim
- Provides limited criminal immunity to minors who seek medical assistance for person experiencing alcohol overdose
  - Must remain with victim until help arrives
  - Must give name when seeking help
  - Immunity does NOT extend to victim

Regulatory changes

- Addition of naloxone to public health nurse formulary
- Modification of scope of practice for EMRs and LEOs to permit naloxone administration

SB222: CSRS Changes

- Veterinarians become required submitters
- Reporting window reduced to 3 business days ("encouraged" to report w/i 24 hours)
- Method of payment now reportable
- Physician-dispensed supply >48 hours reportable
- Data may now be analyzed; proactive reports may be issued to prescribers and licensing agencies
- Delegation now permitted
- Law enforcement access increased
- Penalties for improper access increased

Discussion

- Common sense and emerging evidence suggest that laws and policies that make it easier for lay people to access naloxone, administer naloxone, and summon emergency assistance in the event of overdose can save lives and resources

- Health departments are key to increasing access, through direct provision of naloxone and use of bully pulpit

Discussion

- Changing law is not magic bullet
  - Change requires engagement with and action from public health and elected officials, the medical and treatment communities, law enforcement, clergy, community groups, etc.
- As with all policy interventions, results should be independently and rigorously evaluated
- Naloxone access is only one necessary step in a much larger continuum

Thanks! Questions?

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